

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL 12042

63-022161

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5747

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED JUN 7 1963

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo. | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b 7 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL | | d. STREET ADDRESS (If outside, give location) 2712 University | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle R. Last ROGERS | | 4. DATE OF DEATH Month May Day 28 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/1/30 |
| 9. AGE (last birthday) 32 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sander | | 10b. KIND OF BUSINESS OR INDUSTRY Die-Casting | |
| 11. BIRTHPLACE (City and state or country) Port Gibson, Miss. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Henry Rogers | | 13b. MOTHER'S MAIDEN NAME Grace Marshall | |
| 14. NAME OF HUSBAND OR WIFE Blanche Rogers | | Address | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean | | 17. INFORMANT Blanche Rogers (Wife), Same add. as 2. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) 492x DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 13 DAYS | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO. | |
| 21. I attended the deceased from 5/21/63 to 5/28/63 and last saw him alive on 5/28/63 Death occurred at 12:01 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Paul Smith (Degree or title) M.D. | | 22b. ADDRESS VAH, ST. LOUIS, MO. | |
| 22c. DATE SIGNED 5-29-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-3-63 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | 23d. LOCATION (City, town, or county) Jefferson Barracks, Mo. |
| 24. FUNERAL DIRECTOR Dement & Son 2629-31 Cole Street | | 25. DATE RECD. BY LOCAL REG. MAY 31 1963 | |
| | | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.